#### FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1.	Person Making the Disbursements/Obligations					
	(a) Name U.S. Chamber of Commerce					
	(b) Address (number and street) Check if different than previously reported 1615 H Street N.W.	2. FEC identification Number				
	(c) City, State and ZIP Code Washington, OC 20062	030001101				
	(d) Name of Employer or Printipel Place of Business (e) Occupation					
3.	la This Statement or 4. Covering Period	15 2010 through				
	Amended	19 2010				
5.	(a) Data of Public Distribution(s) 10 19 2010 (b) Communication T	He Arrow				
6.	The filter is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified i	Nonprofit Corporation (11 CFR 114.10)				
	(a) Corporation, Labor Organization or Qualified Nonprofit Corporation making commu	nications under 11 CFR 114.15				
	(e) Other, specify:					
7.	If the filer is an individual, unincorporated organization or qualified nonprofit of were the disbursements made exclusively from donations to a segregated beautiful from the disbursements of the segregated beautiful from the disbursements of the segregated beautiful from the					
8.	Custodian of Records					
	(a) Name Rob Engstrom					
	(b) Address (number and street)  [C15 H Street NW					
	(c) City, State and ZIP Code	<del></del>				
	Washi nation, VDC 20062  (d) Name of Employer or Principal Prices of Business (e) Occupation					
		President				
	U.S. Chamber of Commerce Vice	PIESIBLE UT				
9.	Total Donations This Statement	, 0.00				
10.	Total Diabursements/Obligations This Statement	2, <b>8</b> 5 5 . 90				
	Under penalty of perjury, I certify that this statement is true, correct and complete.					
	TYPE OR PRINT NAME OF PERSON COMPLETING FORM ROS ENGSTON	1				
	SIGNATURE DATE 10	120/10				
	NOTE: Submission of false, enoneous or incomplate information may subject the person signing this statemen	to the penalties of 2 U.S.C. §437b.				
		FEC FORM 9 (REV. 12/2007)				

### List of Person(s) Sharing/Exercising Control (use additional pages as necessary)

PAGE 2 OF 3

	rscm(s) Sharing/Exercising Comtrol				
~,		strom			
	(b) Address (number and street)	Stions	**************************************		
	ICIS H S	treet NW			
	(c) CIN State and ZIP Code				
	Washington	Plate of Business			
			(e) Occupation		
	U.S. Chan	mber of Commerce	Vice President		
₿.	(a) Name Bill Mill	er			
	(b) Address (number and street)	treet NW			
	1615 H S	treet NW			
	ICLORY STREET SIDE / IP LAND				
	(d) Name of Employer or Principal	Place of Publishers	(e) Occupation		
		The state of the s	•		
	U.S. Cho	mber of Commerce	Senior Vice Preside		
C,	(a) Name	and you will be to the property			
	(b) Address (number and street)				
	(c) City, State and ZiP Code				
	(c) City, State and ZIP Code	man of the production of the state of the st			
	(c) City, State and ZIP Code  (d) Name of Employer or Principal	Place of Business	(e) Occupation		
		Place of Business	(e) Occupetion		
<u> </u>	(d) Name of Employer or Principal	Place of Business	(a) Occupation		
5.		Place of Business	(e) Occupetion		
<b>D</b> .	(d) Name of Employer or Principal (a) Name	Place of Business	(e) Occupetion		
D.	(d) Name of Employer or Principal	Place of Business	(e) Occupetion		
Ď.	(d) Name of Employer or Principal (a) Name	Place of Business	(a) Occupation		
D.	(a) Name of Employer or Principal  (a) Name  (b) Address (number and street)  (c) City, State and ZIP Code	Place of Business			
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D.	(a) Name of Employer or Principal  (a) Name  (b) Address (number and street)  (c) City, State and ZIP Code	Place of Business			
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	(d) Name of Employer or Principal  (a) Name  (b) Address (number and street)  (c) City, State and ZIP Code  (d) Name of Employer or Principal	Place of Business			
	(d) Name of Employer or Principal  (a) Name  (b) Address (number and street)  (c) City, State and ZIP Code  (d) Name of Employer or Principal	Place of Business	(e) Occupation		
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	(a) Name of Employer or Principal (a) Name (b) Address (number and street) (c) City, State and ZIP Code (d) Name of Employer or Principal (a) Name	Place of Business	(e) Occupation		

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SCHEDULE 9-B	<b>;</b>		
Disbursement(s)	Made o	r Oblig	ation(s)

PAGE 3 OF 3

A. Full Name (Lest, First, Middle Initial) of Payee	Date of Disbursement or Obligation								
1 –	10'15 à010								
Mailing Address of Payee	Amount								
1090 Vermont Ave NW Ste 1230  City Starte Zip Code	1,182,855.90								
	1,100,000,10								
Washington Dc 20605 Name of Employer	Communication Date								
Name of Employer U Occupation	10'19'2018								
Purpose of Diabursement (Including title(s) of communication(s))  A V TV S DO +									
Name of Federal Candidate Office Sought: House State: IL	Disbursement/Obligation For:								
Sangta	Primary General								
Alexi Giannoulias President District -	Other (spedfy)								
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:								
Senate District:	Primary General								
Name of Federal Candidate Office Sought House	Other (specify) Disbursement/Obligation For:								
State:	Primary General								
President District: ———	Other (specify)								
B. Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation								
D, Fun Numb (Last, First, Middle Hasai) of Fayse	и и л в г т т т								
Mailing Address of Payee									
	Ambum.								
City State Zip Code	<b>3</b> 5								
The second secon	Communication Date								
Name of Employer Occupation									
Purpose of Disbursement (including title(s) of communication(6))									
r orposa si pisacisaman (masang suata) a communication(a))									
Name of Federal Candidate Office Sought House States	Disbursament/Obligation For.								
Senate	Primary General								
President District:	Other (specify) >								
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:								
Senste District:	Primary General								
Name of Federal Candidate Office Sought: House	Disbursement/Obligation For:								
State:	Primery General								
District:	Other (specify)								
Fluorin									
SUBTOTAL of Disbursements/Obligations This Page (optional)									
TOTAL This Period (set page this line number only)									
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FEC FORM 8 (REV. 12/2007)

# Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate he	ow it was received.				
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